



Complete Sections 1 and 2. If shipment request is related to a purchase order, also complete Section 2 and attach required documentation. Contact the Distribution Services at extension 4-1592 to request pick-up of completed form, attachments (if any), and item(s) to be shipped. Include original packaging whenever possible.

1. Sender/Receiver Information

From:	
Department: _____	Extended Zip: _____
Contact Name: _____	Contact Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
To:	
Vendor Name: _____	Vendor Phone: _____
Contact Name: _____	
Address: _____	Department/Floor/Room: _____
City: _____	State: _____ Zip: _____ Country: _____

2. Carrier Information

<input type="checkbox"/> UPS	<input type="checkbox"/> Ground	<input type="checkbox"/> 3-Day Air	<input type="checkbox"/> 2-Day Air	<input type="checkbox"/> Next Day Air	<input type="checkbox"/> Saturday Delivery (extra charge)
<input type="checkbox"/> Parcel Post (USPS)	<input type="checkbox"/> 1 st Class	<input type="checkbox"/> Bulk			
<input type="checkbox"/> Will Call					
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Charge Receiver Account #	_____		
Insure Shipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, value: \$	_____	
Contents:	_____				

3. Complete only if item(s) are being returned

Please contact the vendor for the return material authorization (RMA) number. Attach copies of the purchase order or packing slip.

Purchase Order Number: _____	RMA Number: _____	Has the vendor arranged to pick up the item(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PO Line:	Quantity:	Unit:	Part Number:	Item Description:
PO Line:	Quantity:	Unit:	Part Number:	Item Description:
PO Line:	Quantity:	Unit:	Part Number:	Item Description:
Reason for Return: _____				

For Receiving Use Only

Ship Date: _____	Received By: _____	Tracking Number: _____	Bill of Lading Number: _____
Freight Company: _____	Driver's Name: _____	Driver's Signature: _____	